

Case Number:	CM14-0179075		
Date Assigned:	11/03/2014	Date of Injury:	08/24/2006
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Clinical Summary: The claimant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 24, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 30, 2014, the claims administrator approved a request for Norco, denied a cervical MRI, denied omeprazole, and denied ibuprofen. The claims administrator stated that its decisions were based on a Request for Authorization form of October 6, 2014. The claims administrator stated that it was denying the cervical MRI on the grounds that the applicant had not failed conservative therapy, despite the fact that the applicant was several years removed from the date of injury. The claims administrator stated that the applicant was not at heightened risk of adverse GI events and also stated that the applicant had been using ibuprofen without any documented benefit. The applicant's attorney subsequently appealed. In an October 6, 2014 progress report, the applicant reported ongoing complaints of chronic neck pain. It was stated the applicant had known facet disease, degenerative disk disease, and spinal stenosis at the C5-C6 and C6-C7 levels. The applicant reported 5-9/10 neck pain radiating into the right arm with associated paresthesias about the same. The attending provider posited that the applicant's medications were beneficial. The applicant was typically using 60 tablets of Norco monthly, it was stated. It was suggested that the applicant had had issues with medication-induced dyspepsia, which had reportedly been controlled following introduction of omeprazole. It was stated the applicant was benefitting from ibuprofen as well. It was stated the applicant was continuing to work despite her pain complaints. Slightly limited cervical range of motion was noted with some dysesthesias appreciated on exam about the right upper extremity. There was no mention of any motor

deficits, however. Cervical MRI imaging, Norco, and continued medications were endorsed. An earlier noted of July 8, 2014 also suggested that the applicant was continuing to work despite her ongoing pain complaints. The applicant reported pain scores of 7/10 with medications versus 4-5/10 with medications. The applicant again stated that any issues with medications-induced dyspepsia were effectively alleviated with ongoing omeprazole usage.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical spine is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's actively consider or contemplating any kind of invasive procedure involving the cervical spine on or around the dates in question. While the applicant did have some ongoing cervical radicular complaints, there was no indication that the proposed cervical MRI would influence or alter the treatment plan. All evidence on file, rather, suggested that the applicant was satisfied with conservative management. There was, thus, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the cervical MRI in question and/or consider any kind of surgical intervention involving the same. Therefore, the request is not medically necessary.

Omeprazole: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-dyspepsia. In this case, the applicant did report issues with medication-induced dyspepsia, either a function of Motrin and/or Norco usage. The attending provider did posit, in several progress notes, referenced above, that ongoing usage of omeprazole had effectively alleviated the applicant's previously reported symptoms of dyspepsia. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Ibuprofen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome/chronic neck pain reportedly present here. The applicant has demonstrated prima facie evidence of functional improvement as defined in MTUS 9792.20f with ongoing ibuprofen usage as evinced by her achieving and/or maintaining successful return to work status. The applicant has, furthermore, consistently reported that ongoing ibuprofen usage has reduced pain scores on a day-to-day basis. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.